## Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of S	ervice Provider (including	all names under which	the service
provider is doing busines	sl:		<b>P</b> —
			*Rev. by C
Address of Service Provid	er: 120 Wooster St.	4th Floor- NY	call. 3/2
Name of Agent Designate Notification of Claimed I	ed to Receive	Gudas	
Full Address of Designate or similar designation is not accep- location):	ed Agent to which Notificate the state of the only add the except where it is the only add the etc.	ion Should be Sent (a P.	O. Bex ographic
New York, New			
Telephone Number of De	signated Agent: 212 -	966-4426 ×	105
Facsimile Number of Des	ignated Agent: 212-90	06-2313	
	ated Agent: Cgudas @		com
o:, ~	ive of the Designati	ng Service Provider:	2
	Date:	pr 26,00	7—
Typed or Printed Name an	d Title: <u>Celeste</u> 61	Jaas, Presid	ent
Note: This Interim Design Made Payable to the Reg	nation Must be Accompani	ed by a 530 Filing Fee	
	74,75	1	
SCANNED 3 / 2 5 / 0	5		
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AND THE RESERVE OF THE STREET		142639415	
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